

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation National Rifle Association Institute for Legislative Action		3. FEC Identification Number C C90013301
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 11250 Waples Mill Road		
(c) City, State and ZIP Code Fairfax VA 22030		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / /
THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 7904468.88

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Adkins, Mary Rose, , ,	<i>Adkins, Mary Rose, , ,</i> [Electronically Filed]	10/06/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
National Rifle Association Institute for Legislative Action

Full Name (Last, First, Middle Initial) of Payee Starboard Strategic		Date of Public Distribution/Dissemination 10 / 05 / 2016	
Mailing Address 817 Slaters Lane		Amount 1968.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.6352
Purpose of Expenditure Post production and transmission fees	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10799985.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Starboard Strategic		Date of Public Distribution/Dissemination 10 / 05 / 2016	
Mailing Address 817 Slaters Lane		Amount 433026.70	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.6347
Purpose of Expenditure Digital advertising	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3328543.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Starboard Strategic		Date of Public Distribution/Dissemination 10 / 05 / 2016	
Mailing Address 817 Slaters Lane		Amount 7451774.18	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.6349
Purpose of Expenditure TV Advertising - Media Buys	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10780317.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7904468.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	7904468.88